



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN-3 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN
66-005261

DATE OF INSPECTION
June 2, 2009

LOCATION OF INSTRUMENT (STREET AND CITY)
Union Police Department 119 S. Church Street Union, MO 63084

TIME OF INSPECTION
02:11

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 ± .150) .307

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) Diagnostics passed and printed correctly (Printout Attached)

☒ CHARACTER DISPLAY TEST All characters displayed correctly

☒ PRINT TEST (PRINTOUT ATTACHED) All characters printed correctly (Printout Attached)

☒ TIME AND DATE Time and Date set correctly (02:11 - 06/02/2009)

☒ CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .095%

TEST 2 .096%

TEST 3 .095%

☒ SIMULATOR TEMPERATURE (34° ± .2°C) 34.0 degrees

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) Performed correctly (Printout Attached)

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	Over .19
<u>2</u>	<u>3</u>	<u>0</u>	<u>4</u>	<u>2</u>	<u>0</u>

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Guth Laboratories .100% BAC Solution; Lot# 08340; Expiration Date - 10/15/09 at 11:59 PM; Bottle#: 612

Instrument performed well within Department of Health Specifications

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Arthur J. Amato

TYPE II PERMIT NUMBER/EXPIRATION DATE

820250 / 09-02-2010

TELEPHONE NUMBER
(636) 583-3700



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number: **08340** of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography and found to contain **0.1211** percent
(w/vol) ethyl alcohol. The expiration date for this lot
number is **October 15, 2009 at 11:59 PM.**

When used in a calibrated Simulator, operating at
 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol
analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were
free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SN 86-005261
E735.23

06/02/2009
02:11

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$%&'()*+
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$%&'()*+
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$%&'()*+
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$%&'()*+
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$%&'()*+

UNION POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 86-005261
06/02/2009

DIAGNOSTIC TEST

02:10

FROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

June 2009 *main*
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

725
OPERATOR
ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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CMI

June 2009 *main*
SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

725
OPERATOR
ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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CMI

UNION POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005261
06/02/2009

TEST	KBAC	TIME
AIR BLANK	.000	02:11
CAL. CHECK	.095	02:12
AIR BLANK	.000	02:12
CAL. CHECK	.096	02:13
AIR BLANK	.000	02:13
CAL. CHECK	.095	02:13
AIR BLANK	.000	02:14

NO RFI PRESENT

SN 66-005261
E735.23
INVALID TEST
INHIBITED - RFI

06/02/2009
02:16

June 2009 maint

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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EMI

June 2009 maint

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

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ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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EMI

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



ARTHUR AMATO

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER/INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/02/08
Number 820250
Expires 09/02/2010

MO 580-9771 (7-88)

Eric C. Pollock
Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)